				NORTH CAROLINA		DZ	AGE: 1	
IPDR6702 RUN DATE:	: 07/20/2008		IP	RS CHECKWRITE SUMMARY REPORT			IGE: I	
				CHECKWRITE DATE: 07/22/2008				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		mra	momax	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	TROVIDAR MAIL				DIMINIO	Distriction	TIMBIBB	THE
3404901	SMOKY MOUNTAINM	8536	125	ATTENDING PROVIDER TYPE AND SP				
	H/DD/SAS			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		669	94	OTHER DIAGNOSIS CODE 3 IS INVA		0 411	1259	848
				LID		- 111	1233	0.10
		8326	67	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
				THE CENTER OF THE REE COUNTER				
3404904	WESTERN HIGHLAN	8326	7	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0	0					
		0	0			0 7	93	86
		+	1				1	
3404910	PATHWAYS	8326	524	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
-				THIS CLAIM OR THE NPI SUBMITTE				
		0524	96	SERVICE FACILITY LOCATION IS N				
		8534	96	OT A VALID IPRS		0 773	3997	3224
		+		ATTENDING PROVIDER, OR THE NPI		-	<del> </del>	
		1						
		11	49	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	MENTAL TERMONIA	8599	32	DETAIL NOT COVERED BY COMBINAT				
	MENTAL HEALTH P ARTNERS			ION OF RECIPIENT, PROVIDER AND				
	THE THING			BENEFIT PACKAGE.				
		8505	16	CLAIM DENIED DUE TO INSUFFICIE		0 58	4664	4606
				NT BUDGET				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8800	1650	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	373	ATTENDING PROVIDER NUMBER WAS		0 2442	12060	9618
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0500	202	DETAIL NOT COVERED BY COMBINAT				
		8599	282	ION OF RECIPIENT, PROVIDER AND				
		+	1	BENEFIT PACKAGE.			<del> </del>	
3404916	CROSSROADS BEHA	8959	3	REFERRING PROVIDER NPI IS MISS				
-	VIORAL HEAL			ING. LEGACY REFERRING				
				PROVIDER IS TYPICAL. PLEASE R				
		0	0			0 3	17	14
		1				3	17	14
3404917	CENTERPOINT HUM	11	197	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		1						
		8800	23	FURTHER PROCESSING NECESSARY,		0 268	1847	1579
		1	1	PLEASE CHECK FOR CLAIM ON		268	164/	15/9
				FUTURE RA'S.				
		8956	17	CLAIM SHOULD NOT CONTAIN BOTH				
			1	NPI AND BILLING PROVIDER NUMBER. BILLING PROVIDER NUMB			1	
				NOTED TO THE POPULATION OF THE				
3404919	GUILFORD CO MEN	79	648	THIS SERVICE IS NOT PAYABLE TO				
3404919	GUILFORD CO MEN TAL HEALTHC	79	648	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
3404919		79	648	THIS SERVICE IS NOT PAYABLE TO				
3404919				THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404919		79	648	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE FACILITY LOCATION IS N		0 816	2065	1249
3404919				THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE FACILITY LOCATION IS N OT A VALID IPRS		0 816	2065	1249
3404919				THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE FACILITY LOCATION IS N		0 816	2065	1249
3404919				THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE FACILITY LOCATION IS N OT A VALID IPRS		0 816	2065	1249
3404919		8534	61	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON		0 816	2065	1249
3404919		8534	61	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI  ATTENDING PROVIDER NUMBER WAS		0 816	2065	124!

PROVIDER		HIGH DENIAL	NUMBER OF		mva	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	THOVEDER INDIE				DENTIFIED	Danting		IMED
3404920	ALAMANCE CASWEL	8326	834	ATTENDING PROVIDER NUMBER WAS				
	L AREA MH D			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		5404	56	SEVERE DUPLICATE: SAME ATTD PR	0	0.40	1450	F10
				OV/PCODE/TOS/DOS/MOD		948	1458	510
		8961	22	ATTENDING PROVIDER NPI IS MIS				
				SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
				The transfer of the transfer o				
3404921	ORANGE PERSON C	8961	245	ATTENDING PROVIDER NPI IS MIS				
	HATHAM AREA			SING. ATTENDING PROVIDER IS				
				TYPICAL. PLEASE RESUBMIT WITH				
		2101		THE TAXONOMY CODE FOR THE ATTE				
		3101	71	NDING PROVIDER	0	558	2492	1934
				IS MISSING				
		8326	52	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404922	mun puntutu anum	0	0	*** NO DATA TO REPORT ***				
	THE DURHAM CENT ER				1	1		1
					1	1		
		0	0		0	0	1	1
		<u> </u>						
3404923	BILLIN GOLDSON M.	0	0	*** NO DATA TO REPORT ***	1	1		
	FIVE COUNTY MH	-	-	DATA TO AMPORT				
					1	1		
		0	0		0	0	0	0
3404925		8599	121	DETAIL NOT COVERED BY COMBINAT				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	121	ION OF RECIPIENT, PROVIDER AND				
	R FOR MIN/DD			BENEFIT PACKAGE.				
		8800	119	FURTHER PROCESSING NECESSARY,	10	424	4436	4012
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8537	56	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404926	SOUTHEASTERN RE	21	292	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		8599	181	DETAIL NOT COVERED BY COMBINAT	0	942	3104	2162
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		8326	121	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
					1	1		1
3404927	CUMBERLAND CO M	11	273	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		8599	47	DETAIL NOT COVERED DV COMPINE	1	1		
		8599	1	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	358	896	538
				BENEFIT PACKAGE.	<del> </del>	<del>                                     </del>		1
					1	1		
		8326	20	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404930	TOUNGTON CONTINUE	0	0	*** NO DATA TO REPORT ***	-	<del> </del>		
	JOHNSTON COUNTY MNTL HLTHC	1			1	1		
					1	1		
		0	0		0	0	5	5
		<u> </u>						
3404931		8326	386	ATTENDING PROVIDER NUMBER WAS	1	1		
2101271	WAKE CO HUM SVC	5520	550	NOT SUBMITTED ON	<del>                                     </del>			1
	BILLING OF	+		THIS CLAIM OR THE NPI SUBMITTE		1		
	1							
		8536	365	ATTENDING PROVIDER TYPE AND SP	42	1480	8926	7446
				ECIALTY COMBINATION IS NOT	1			
		<u> </u>		VALID FOR SUBMITTED BILLING PR				
		8599	271	DETAIL NOT COVERED BY COMBINAT				
		8599	271	ION OF RECIPIENT, PROVIDER AND	1	<del>                                     </del>		
		1	1		1	l	1	1
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		myo	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	TROVEDENCE TOURS				Dantina	DENTIFIED	- Internation	LALD
3404933	SOUTHEASTERN CT	8599	90	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	51	ATTENDING PROVIDER NUMBER WAS	0	222	6123	5901
				NOT SUBMITTED ON		222	0123	3303
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	29	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404934	ONSLOW CARTERET	8326	311	ATTENDING PROVIDER NUMBER WAS				
	BEHAV HEAL			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	141	DETAIL NOT COVERED BY COMBINAT	0	831	2411	1580
		0333		ION OF RECIPIENT, PROVIDER AND	0	831	2411	1580
				BENEFIT PACKAGE.				
		8537	132	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404935	WAVANE OO MENTERS	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR							
		0	0		0	0	0	0
3404937		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404937	THE BEACON CENT	21	21	DOPLICATE OF CLAIM-SISIEM				
	NA.							
		23	18	SERVICE REQUIRES PRIOR APPROVA	0	97	1166	1069
				L				
		8599	12	DETAIL NOT COVERED BY COMBINAT				
		0333	12	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404939	EAST CAROLINA B	8599	58	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	35	CLIENT ID NUMBER NOT ON STATE				
		143	35	ELIGIBILITY FILE	1	263	3579	3316
		7001	33	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404942	DAGE GARGERYA D	0	n	*** NO DATA TO REPORT ***				
	EAST CAROLINA B EHAVIORAL H	<del> </del>	-	The state of the s				
	DIDIVIOLD II							
		0	0		0	0	0	0
3404943		11	29	CLIENT NOT ELIGIBLE ON SERVICE				
J207913	ALBEMARLE MENTA			DATE				
	L HEALTH CE							
	1							
		3411	15	PROVIDER TYPE AND SPECIALTY 07	0	80	2282	2202
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		9500	13	DETAIL NOT COURDED BY COMPANY				
	1	8599	1.3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	1	+	1	BENEFIT PACKAGE.				
	1							
3404944	EASTPOINTE HUMA	8505	1301	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		0226	120	APPRINTING DROUTERS ATTACKS HAS				
	1	8326	128	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	1493	1841	348
	1	1		THIS CLAIM OR THE NPI SUBMITTE				
	1	8536	41	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0	0	-
3404949	PIEDMONT BEHAVI	8536	3215	ATTENDING PROVIDER TYPE AND SP				
	ORAL HEALTH			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		23	1940	SERVICE REQUIRES PRIOR APPROVA		7218	7218	-
				L				
		191	698	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				